## U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN



DEFENDANT GLADYS DEESE, ET AL.  TYPE OF PROCESS SERVICE OF COMPLAINT & ORDER SERVE AT  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR. SAMUEL ENGLEHARDT ADDRESS (Street or RFD. Apartment No., City, State and ZIP Code) JULIA TUTWILER PRISON FOR WOMEN, 8966 U. S. HIGHWAY 231, NORTH, WETUMPKA, AL  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be served with this Form 285  Clerk, USDC One Church Street Montgomery, AL 36104  Check for service 3 2 2 3  Number of parties to be served in this case 2 1 3  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Atternets Addresses.  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:
SERVE AT DR. SAMUEL ENGLEHARDT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) JULIA TUTWILER PRISON FOR WOMEN, 8966 U. S. HIGHWAY 231, NORTH, WETUMPKA, AL  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be served with this Form 285  Clerk, USDC One Church Street Montgomery, AL 36104  Check for service On U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternoly Add 1875).  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  DEFENDANT 334-954-3600  JUNE 5, 2006  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  Total Process District to Origin. Serve
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  JULIA TUTWILER PRISON FOR WOMEN, 8966 U. S. HIGHWAY 231, NORTH, WETUMPKA, AL  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be served with this Form 285  Clerk, USDC One Church Street Montgomery, AL 36104  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternal Address)  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  DATE  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  Total Process District to Origin. Serve Signature of Authorized USMS Deputy or Clerk Date  Date  Date  Date  Signature of Authorized USMS Deputy or Clerk Date
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One Church Street Montgomery, AL 36104  Check for service on U.S.A.  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address).  All Telephone Numbers, and Estimated Times Available for Service):  Signature of Attorney other Originator requesting service on behalf of:  Signature of Attorney other Originator requesting service on behalf of:  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated.  Total Process  District to Origin Service  Signature of Authorized USMS Deputy or Clerk  Date  Origin Service  Signature of Authorized USMS Deputy or Clerk  Date
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Signature of Attorney other Originator requesting service on behalf of:    PLAINTIFF   TELEPHONE NUMBER   DATE
Signature of Attorney other Originator requesting service on behalf of:    Description   Plaintiff   Telephone number   Date
Signature of Attorney other Originator requesting service on behalf of:    PLAINTIFF   TELEPHONE NUMBER   DATE
Signature of Attorney other Originator requesting service on behalf of:    PLAINTIFF   TELEPHONE NUMBER   DATE
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number of process indicated. Origin Serve
(Sign only for USM 285 if more
than one USM 285 is submitted) No. No. No.
I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)
Name and title of individual served (if not shown above)  A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)  Date  Time
OGO6 ZOOG 4. 15 Pi
CHOMULTION
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)
45,00 #17.80 62.80 (Amount of Refund*)
RETURNED AND FILED

- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

JUN - 8 2005 MAY BE USED

Form USM-285 **CLERK** Rev. 12/15/80 U. S. DISTRICT COURT Automated 01/00 MIDDLE DIST. OF ALA.